



## Louisiana Department of Health and Hospitals BAYOU HEALTH Informational Bulletin 12-4 February 24, 2012

### Issue: Continuity of Care for Pregnant Women

The BAYOU HEALTH Program has special requirements for continuity of care for a pregnant woman who is already receiving medically necessary services on the day before (last day of month) their effective date of enrollment in a BAYOU HEALTH Plan.

#### Continuity of Prenatal Care Services

##### **Pregnant Woman in 1<sup>st</sup> Trimester** on Beginning Date of BAYOU HEALTH Enrollment

- BAYOU HEALTH Plan is responsible for the costs associated with continuing services for pregnant women, including prenatal care, delivery, and post-natal care
  - without prior approval and
  - whether services are rendered by a contract or non-contract provider
  - until the Health Plan can reasonably **transfer the member to a network provider** without impeding service delivery that might be harmful to the member's health.

##### **Pregnant Woman in 2<sup>nd</sup> or 3<sup>rd</sup> Trimester** on Beginning Date of BAYOU HEALTH Enrollment

- BAYOU HEALTH Plan is responsible for providing continued access to the **prenatal care provider**—
  - without prior approval and
  - whether services are rendered by a contract or non-contract provider
  - through the postpartum period.

#### Continuity of Medically Necessary Services Other Than Prenatal Care

- BAYOU HEALTH Plan is responsible for the costs of continuing such services,
  - without prior approval and
  - whether services are rendered by a contract or non-contract provider
  - for up to ninety (90) calendar days or until the member may be reasonably transferred without disruption, whichever is less. The Health Plan may require prior authorization for continuation of services beyond thirty (30) calendar days; however the Health Plan is prohibited from denying authorization solely on the basis that the provider is a non-contract provider.

## **Hospital Services**

The BAYOU HEALTH Plan may require the pregnant woman to use an in-network hospital. If the hospital is an out-of-network provider, DHH encourages the hospital to contact the member's Health Plan to obtain any necessary prior authorizations the Plan may require.